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CONFIRMATION NO. 1367

<b>SERIAL NUMBER</b> 10/750,712	<b>FILING OR 371(c) DATE</b> 12/31/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> 149
<b>APPLICANTS</b> James T. Nielsen, San Francisco, CA; Bernard A. Hausen, Menlo Park, CA; David L. Bombard, San Francisco, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/720,618 11/24/2003 which is a CIP of 10/607,524 06/26/2003 which is a CIP of 10/392,336 03/19/2003 which is a CIP of 10/151,441 05/20/2002 which is a CIP of 09/363,255 07/28/1999 PAT 6,391,038				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/04/2004				
Foreign Priority claimed 35 USC. 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 94	<b>TOTAL CLAIMS</b> 29
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 33109				
<b>TITLE</b> Surgical apparatus and method for anastomosis				
<b>FILING FEE RECEIVED</b> 466	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	